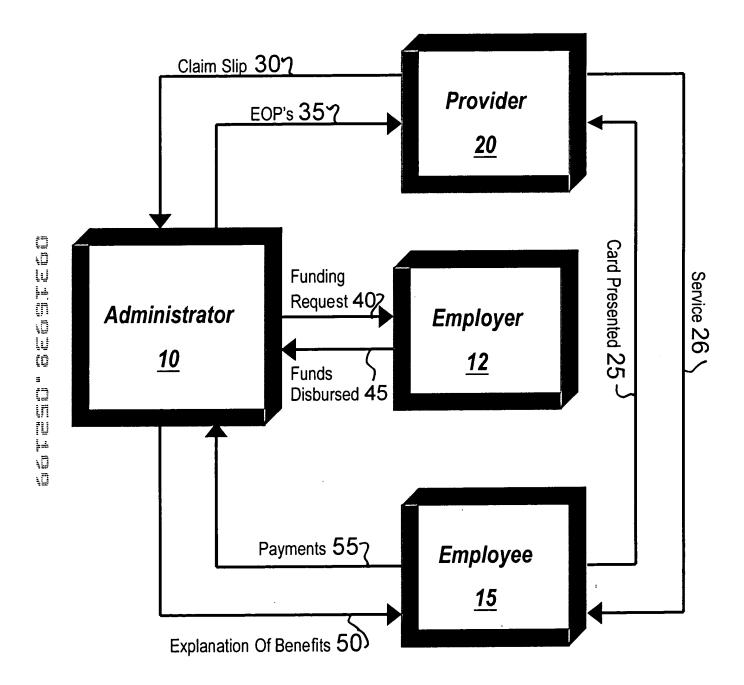
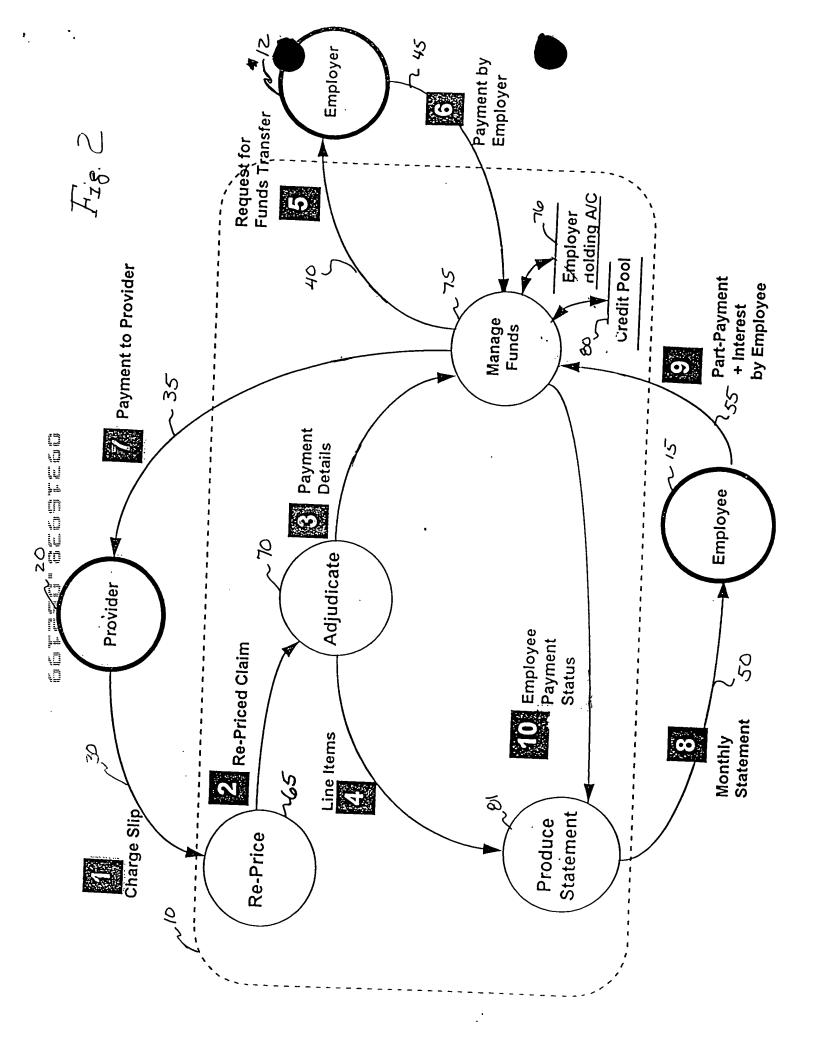
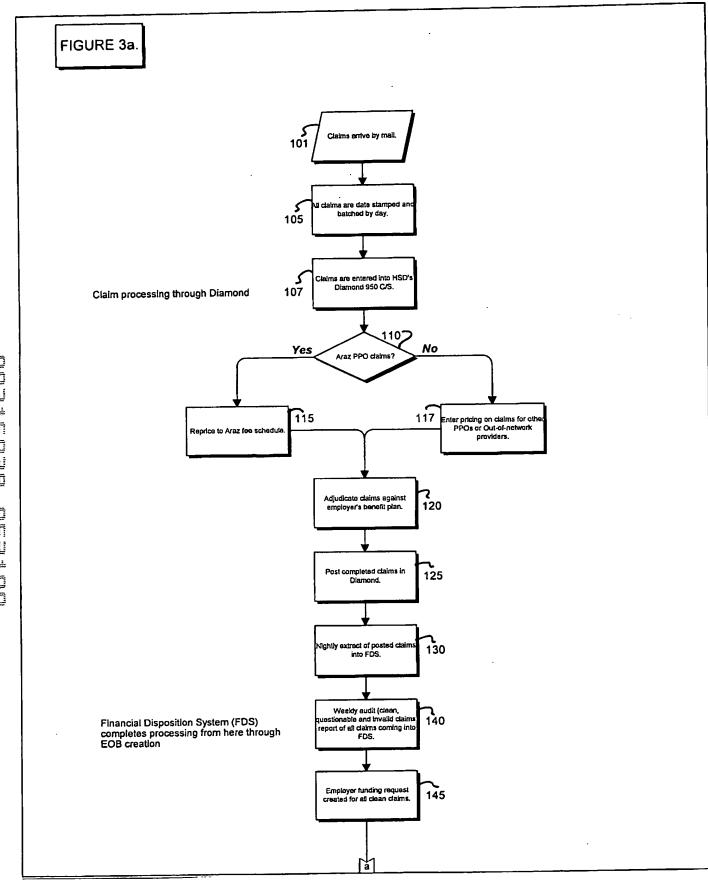
## FIG. 1







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FIGURE 4a.

		- 77		31_ H	EALTH INS	URANC	E CL	AIM !	FOF	RM		PIC	<u> </u>
۲	PICA MEDICAID CHAMPUS	CHAMPVA	GROUF	FEC		18. INSURED'S					FOR PR	OGRAM IN I	TEM 1)
Ľ	(Medicare #) (Medicaid #) (Sponsor's SSN)	(VA File	(SSN		SN) (ID)						videla li	ele (A)	
2	PATIENT'S NAME (Last Name, First Name, Middle tritial)		3. PATIENT'S I	) <b>, YY</b> ,	SEX	4. INSURED'S	NAME (L	ast Name	o, Fusi	Name,	MACQUE II	MOS)	
			S DATEST DE	LATIONSHIP TO	F	7. INSURED'S	ADDRES	S (No., S	Street)				
5	5. PATIENT'S ADDRESS (No., Street)		I —	pouse Child	Other	7		- • - •	•				
L		ISTATE	8. PATIENT ST		<u> </u>	CITY						STA	TE
ľ	CITY		Single	Married	Other								
1	ZIP CODE TELEPHONE (Include Area	Code)				ZIP CODE	•		TELE	PHONI	E (INCLI	JDE AREA C	(ADE)
ľ	( )		Employed	Student _	Part-Time						)		
9	9. OTHER INSURED'S NAME (Last Name, First Name, Middle	Initial)	10. IS PATIEN	IT'S CONDITION	RELATED TO:	11. INSURED	S POLICY	GHOUP	OHF	ECA NI	MDEN		
L			- 51401 02045	:NT3 (CI IDDENT	OR PREVIOUS)	a. INSURED'S	DATE OF	BIRTH				SEX	
8	A. OTHER INSURED'S POLICY OR GROUP NUMBER		E EMPLOTME	TYES [	TNO	acor.com	DD	77		м		F	7
ļ.	OTHER DISTINCTOR DATE OF SIRTH		L AUTO ACCI	.) L	PLACE (State)	D. EMPLOYER	'S NAME	OR SCH	HOOL N	NAME	<u> </u>		
١	DOTHER INSURED'S DATE OF BIRTH SEX	7	l r	TYES [	ON[	l							
ŀ	C. EMPLOYER'S NAME OR SCHOOL NAME		c. OTHER AC	CIDENT?		c. INSURANCE	PLAN N	AME OF	PROC	RAM N	IAME		
Γ				YES [	]NO							· ·	
ŀ	d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. RESERV	ED FOR LOCAL	USE	d. IS THERE A	_						
l				10 FARM		13. INSURED						roplete hem :	
[	READ BACK OF FORM BEFORE ( 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE !	i Hharita iba	nolasco of 2004 of	MATRICAL OF COTHER IN	ormation necessary	payment of	medical t	benefits (	the u	indensig	ned phy	sician or sup	plier to
l	<ol> <li>PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE to to process this claim. I also request payment of government below.</li> </ol>	benefits eithe	r to myself of to D	ne party who acce	pos assignantina	SOLATOR DE	1501000						
	SIGNED		DAT	E		SIGNED							
	DATE OF CURRENT: A ILLNESS (First symptom) OR	15.	IF PATIENT HA	S HAD SAME OF	SIMILAR ILLNESS.	16. DATES PA	TIENT UI	VABLE T	o wo			T OCCUPAT	NOIL
-	MM DD YY INJURY (Accident) OR PREGNANCY (LMP)	1	GIVE FIRST DA		_L	FROM 18. HOSPITAL	!	DITTO:	DEL AT	TO		VT SERVICE	-
Ī	17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE	E 17a	a, I,D. NUMBER (	OF REFERRING	PHYSICIAN	l www	1 00	YY	HELAI	TO	MM ;	DD   Y	Ÿ
ľ	<u> </u>					FROM 20. OUTSIDE	LAB?	<u>i                                    </u>		\$ CHA		i	
	ig. RESERVED FOR LOCAL USE					YES	Пи	o				1	
ŀ	21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY, (REI	LATE ITEMS	1,2,3 OR 4 TO F	TEM 24E BY LINE	<del></del>	22. MEDICAID	RESUBA	ISSION	OBIG	INAL R	FF. NO.	<del></del> _	
†	<del>.</del>				+	t							
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	_2. <u></u>		<u>4. L</u>					G I	н		<u> </u>	К	
	24. A B C  DATE(S) OF SERVICE Place Type	PROCEDU	D RES, SERVICES	OR SUPPLIES	DIAGNOSIS	FF_		DAYS				RESERVE	
1	DATE(S) OF SERVICE TO Place Type of of of service Serv	(Expat	ain Unusual Circi	amstances) FIER	CODE	\$ CHARG	ES		Plan	EMG	СОВ	LOCAL	USE
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					B					لــــا		30. BALANC	25 0115
1	25. FEDERAL TAX LD. NUMBER SSN EIN 26.	PATIENTS	ACCOUNT NO.		T ASSIGNMENT?	28. TOTAL CH	ARGE !	29	, AMOI	UNT PA		30. HALANG	عور عرد 
1		MANE AND	ADDRESS OF S	ACILITY WHERE	SERVICES WERE	33. PHYSICIA	N'S, SUPI	1 -	BILLIN	G NAM	E, ADDF		ODE
1	INCLUDING DEGREES OR CREDENTIALS	RENDERED	(if other than ho	me or office)		& PHONE	•						
1	(I certify that the statements on the reverse apply to this bill and are made a part thereof.)					<b>]</b> .							
				-		1							
	SIGNED DATE				·	PINE			0	AP#			_
•													

APPROVED ONE NO. 5918-0274 S FEO, TAX NO. 1 C/2 10 L40 12 PATIS ME MANE 21 D KR 22 STAT 23 WEDICAL RECORD NO ы 42 REV.CO. 43 DESCRIPTION 44 HCFCS / FATES ಠ 12 ( 14 ) 15 | 17 | 19. 20. 21.1 N D U8-82 HCFA-1450 TITLES 

COULCOUR CHESO

ADMINISTRATOR'S

NAME

AND

ADDRESS

PROVIDER'S NAME and ADDRESS F1G: 5

Payment Amount:

May 6, 1999 Check # 6759 \$105.39

## **Explanation of Payment**

Patient Account #	Patient Name (First, Last)	Service Date(s)	Service Code(s)	Units	Billed Charges	Network Discount	PPO	Contract Amt	Non-Covered Benefit	Other	Payment from HealthEZ	Patient Owes	Claim Number
199 <b>448</b> 101C	- SETTING TO SET	03/29/99	95115	1	21.00	5.00	ARZ	16.00	0.00	0.00	16.00	0.00	13965€
ALLERGY & ASTHMA		c	Claim Tota	als	\$21.00	5.00		\$16.00	0.00	\$0.00	\$16.00	\$0.00	
199 <b>5008</b> 101C	- Application	04/01/99	89190	1	27.00	13.84	ARZ	13,16	0.00	0.00	13.16	0.00	
1990000101C		04/01/99	99214	1	107.00	30.77	ARZ	76.23	0.00	0.00	76.23	0.00	13965€ •
ALTERGY & ASTHMA	A SPECIALISTS PA	C	Claim Tot	als	\$134.00	44.61		\$89.39	0.00	\$0.00	\$89.39	\$0.00	
<u>.</u>			Tota	ls	\$155.00	49.51		\$105.39	0.00	\$0.00	\$105.39	\$0.00	:

Foregiestons regarding payment on the above claim (s) direct your inquires to:

Contain influence and the above claim (s) direct your inquires to:

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Contain influence and the above claim (s) direct your inquires to:

Contain influence and the above claim (s) direct your inquires to:

Contain influence and the above claim (s) direct your inquires

"CLAIMS CLEARING ACCOUNT" 4550 W. 77TH ST., SUITE 240 MINNEAPOLIS, MN 55435-5007 6759

May 6, 1999

PAY TO THE ORDER OF		\$105.39
ONE HUNDRED FIVE AND 39 / 100	VVI	DOLLARS
BANK		
FOR		

<6759<

:091014898:

115140:

## Flower:6

Funding #: 24
Date of Request: 04/22/1999
Group #: 700
Employer:

Funding Request Report

Employer	Payment 33.62	136.78	0.00	31.20	0.00	25.14	0.00	38.10	0.00 0.00	0.00	16.30	00.00	0.00	27.44	0.00	22.33	667.75
Employee	rayment 8.41	34.20 61.46	31.43	20.80 59.49	31.49	6.29	48.57	25.40	34.30 82.70	16.54	162.18	85.00	31.43	6.86	54.29	0.00	Total:
HealthE2 Discount	27.47	41.52	7.57	8.51	4.51 0.00	10.57	18.43	0.00	28.05	2.41	21.52	0.00	0.9 0.7	5.75	74.87 10.19	797/	
HealthEZ Allowed	42.03	307.30	31.43	59.49	31.49 91.00	31.43	48.57 63.50	34.30	82.70	16.54	85.00	31.43	34.30	54.20	62.50	24.33	
Billed Amount	69.50	352.00	39.00 52.00	68.00	91.00	42.00 67.00	63.50	46.00	110.75	200.00	85.00	40.00	39.00	89.10	30.00		
Date of Service	08/24/1998 08/24/1998	12/18/1998	10/26/1998	01/31/1999 02/09/1999	02/07/1999	03/23/1999	03/23/1998	03/03/1999	03/03/1999 02/12/1999	03/22/1999	10/05/1998	09/28/1998	09/08/1998	10/19/1997	10/23/1998		
Claim #	1090451 1090454	1240836 1262186	1161623	1362612 1332595	1378293	1380031	1113939	1378338	1362610	1381278	1135600			1139297	1158167		
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	occión, CLINIC DE HOSPITAL																
	CLINIC																
Vendor	thyseian			-		:		:	,					:			

fidential

John Doe 555 Oak Street Anytown, MN 55555

123-45-6789 Employee ID number 26-Oct-98 Statement date 90.00 New balance 25.00 Credit option minimum payment due 20-Nov-98 Payment must be received by Amount enclosed

Please detach and return this coupon with your check payable to HealthEZ, Inc.

Indicate change in address and/or telephone number below: City, State, Zip Phone

(CUT ALONG DOTTED LINE)

New Balance Summary		
Previous balance	\$	30.00
Payments & credits	\$	30.00
New transactions	\$	90.00
Finance charges & fees	\$	. •
New balance as of 10/26/98	\$	90.00
Credit Available	 	
Credit limit	\$	1,500.00
New balance	 S	90.00
Credit available	\$	1,410.00

Account & Payment Information John Doe 123-45-6789 Employee name Employee ID number 26-Oct-98 Statement date 25.00 Credit option minimum payment due 20-Nov-38 Payment must be received by

Your Resources for Help (612) 896-5451 (888) 588-6516

**E** Customer Service **E** Customer Service

Transactions for the current period:

[3						Due to Provider
Payment Date	<b>Patient</b>	Provider(Svc. Date	Claim Summary*		Due to HealthEZ	Due to Provider
Ų		OB/GYN & Infertility, PA				
10/02/1998	Jane	Edina, MN	Billed amount	62.00		
10/0 <u>2/1</u> 998		09/04/1998	HealthEZ discount	-14.40		
ffi.			Employer payment	<u>-32.60</u>	15 00	0.00
10/02/1998			Employee responsibility	15.00	1500	0.00
ıñ.		Metropolitan Pediatrics				
10/02/1998	Martha	Edina, MN	Billed amount	46.00		
ĮŲ.		09/08/1998	HealthEZ discount	-2.30		
			Employer payment	<u>-28.70</u>	15 00	0.00
<b>1</b> 0			Employee responsibility	16.00	1500	0,50
		Metropolitan Pediatrics				
10/09/1998	Susan	Edina, MN	Billed amount	46.00		
		09/08/1998	HealthEZ discount	-2.30		
1==			Employer payment	<u>-28.70</u>	15 00	0.00
M			Employee responsibility	15.00	1500	0.00
		Aspen Medical Group	•			
10/09/1998	John	Minneapolis, MN	Billed amount	212.00		
		09/28/1998	HealthEZ discount	-85.46		
ļ÷			Employer payment	<u>-111.54</u>	45.00	0.00
J.			Employee responsibility	15.00	15.00	0.50
Time.		South Lake Pediatrics				
10/16/2998	Robert	Minnetonka, MN	Billed amount	62.00		
1011923000	***************************************	09/29/1998	HealthEZ discount	-17.11		
			Employer payment	<u>-29.89</u>		0.00
			Employee responsibility	16.00	15 00	000
		Metropolitan Pediatrics				
10/16/1998	Martha	Edina, MN	Billed amount	64.00		
10.10.1330	,	10/02/1998	HealthEZ discount	-7.00	45.00	0.00
			Employer payment	<u>-42.00</u>	15 00	4,00
			Employee responsibility	16.00		

Total Due to HealthEZ

90.00

Rates & Fees: A TRUE TO THE TOTAL TH

Variable Periodic Rates: Daily percentage rate (%)
Annual percentage rate (%) 8% Average daily balance Number of days in billing cycle

1 If you have another health benefit plan which may help you pay your obligations, please call HealthEZ customer service. Please have this statement and the other health plan information available when you call

Finance Charges & Fees:

Interest charge

\$0.00

<sup>\*</sup>Please see the following page(s) for your detailed explanation of benefits.

Detailed Explanation of Benefits

Participation   Participatio						נ			מוניוויי				,	
Claim Number   Billed   HealthEZ   Allowed   Paracta   Billed   HealthEZ   Amount   Discount   Covered   Remark   Copy   Deductible   Balance   Patient   Enployer   Patient   Followed   Patient   Patient   Followed   Patient   Patient   Followed   Patient   Followed   Patient   Followed   Patient   Followed   Patient   Patient   Patient   Followed   Patient   Fo	Month JANE	Control of the Control	TATAL STREET,	PRINTENS OF THE PARTY.		S. Sank Manuel Sport	Compartment, 510%	TANK COMPANY	No to Separate Contracts	1.00 100 CARLES CONTRACTOR (1975)	Charles And Carlotte	Service Service Control	- 2	***************************************
Secretical Secretical Discount   Covered   Remark   Copay   Deductible   Deductible   Patient   Employer   Faminital Discount   Covered   Remark   Copay   Deductible   Dedu	// // // // // // // // // // // // //		1						200	The state of the s		A STATE OF THE STA		The man was a series
Martity   11359   Amount   Discount   Amount   Covered   Remark   Copey   Deductible   Deducti		Coming Notices	Billeo	HealthEZ	Allowed	Not		Petfort	Petlent	Balance	Patlent	Employer		
Nationality         113379         Longer Land         1930<	Type of service	Service Date(s)	Amount	Discount	Amount	Covered	Remark	7900	Dadmethle					
15 cm   15 c	AGYN & Infertity	1113579							Carocupie		Communica	Faymont	TOU OWE MEANINEZ	You owe provider
13.00   19.0	Office Visit	09/04/1998	68.00	62.63	25.35			;		1				
13.0   13.0   13.0   10.00   13.0   13.0   10.00   13.00   1	Tissue Exem	0001/1000		25.5	3 3			8.0		19.3	9	19.30	15.8	
MARTIAL   MARTIAL   MARTIAL   MA		00041030	3	0.70	13.30			8		4.65	9	13.30	80	
MARTHA. SIGNEST STREET			62.00	14.40	47.60			15.00		361		13 BA	90 90	
MARTHASick/builds/Spidiolity	676:												833	
MARTHAL														
Claim Number   Billed   HealthEZ   Allowed   Not   See   Fatient   Patient   Balance   Patient   Employer	ent: MARTHA.	र अधिक अभित्या के प्राचीतिक स्थापन के प्राचीतिक स्थापन	ないだける いっちょう	一大学 一大学 一大学	ではなる 日本 ないしまる	からから はなかないな		こうこうないない はっかいかい	Charles of the case of the	Contraction Contraction of Contraction Con	The second second	Angelia Lander California		The state of the s
Of Service Date(s)         Amount         Discount         Amount         Covered         Remark         Copay         Deductible         Colneurance         Patient         Final Employer         Counce From Market         You owe proving Pro	_	Claim Number	Billed	Health67	Allowed	2		Dedicate a	2000	THE PROPERTY OF THE PARTY OF TH	201200000000000000000000000000000000000	A THE PARTY OF	STATE BUILDING NEEDON	THE PROPERTY AND ADDRESS OF THE PARTY AND ADDR
Amount Discount Amount Covered Remark Copay Deductible   Colnaurance Payment You owe HealthEZ You owe prov  Mil 0908/1998 46.00 2.30 43.70 15.00 28.70 28.70 15.00	Type of equipe	Section Parket			2	100			THOUSE	Batance	Patient	Employer	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Dan Pedantics         1113575         Los Operations         1 100 Operations         <	201410		A STOCK	Discount	Amount	Covered	Remark	Const	Deductible		Colpanion		Γ	,
Msit         0908/1998         46.00         2.30         43.70         15.00         28.70         28.70         15.00           46.00         2.30         43.70         15.00         28.70         28.70         15.00	tropolitan Pediatrics	-									CONTRACTOR		٦	Too owe provider
46.00 2.30 43.70 15.00 28.70 28.70 15.00 15.00	Office Visit	09/08/1998	46.00	2.30	43.70			ž			ţ		•	
15,00	-		48.00	2.0	22.50			3		707		7 87	00.61	
				00.3	֭֚֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓			15.00		28.7	0	28.70	15.00	

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Partico   Santico Date   Amount   Discount   Amount   Covered   Remark   Copey   Deductible	Provider!	Ciefa Number		10 10 10			N. S. C. S. C. S.		WASHINGTON AND AND ADDRESS OF	ALC: UNIVERSITY OF THE PARTY OF	THE REAL PROPERTY.		ment in the Neston	SIDILIVE STATES
Sample   S	100000		7	Medilica	DeMosiw	JOE MOI	980	Patient	Patient	Balance	Parlent	- Employer	:	
111378   1	The Or Beryice	Service Date(s)	Amount	Discount	Amount	Covered	Remark	Consu	Oadmethle					]
15.00   15.0	Metropolitan Pediatrics	1113578							and		Communica	Layment F		Tou owe provider
Claim Number   Billed   Health EZ   Amount   Discount   Amount   Discount   Amount   Discount   D	Office Visit	09/08/1998	46.00	2 30	43.70			\$		, ec	,		,	•
Claim Number   Billed   Health E   Billed	otal		46.00	2.30	43.70			8 2		107		0/ 97	00.61	000
Claim Number   Billed   Health E   Copered   Remark   Cope	lemarks:							3.2		7.87		28.70	15.00	0.0
Claim Number   Billied   Health Z Amount   Discount   Amount   Discount   D	atlent: 981 JOHN COLLEGE	Girl and State of the State of the State of Stat	A CONTRACTOR OF THE	Section of the Section		The second of the second								
/ Service Date(s)         Amount         Discount         Amount         Covered         Remark         Copy         Deductible         Collegurance         Payment         You owe HealthEZ         You owe Province           Video Ist         0972k198         40.00         21 collegurance         59.00         76 collegurance         61.00         15.00         15.00           rick of Sis         0972k198         40.00         21 collegurance         19.00 <t< th=""><th>rovider/</th><th>Claim Number</th><th>Billed</th><th>HealthEZ</th><th></th><th>- 20</th><th>-</th><th>10000</th><th>Section 1</th><th>1982 715 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</th><th>To the second second</th><th>The state of the s</th><th>EXXX Employee Respon</th><th>SININA SERVICE</th></t<>	rovider/	Claim Number	Billed	HealthEZ		- 20	-	10000	Section 1	1982 715 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	To the second second	The state of the s	EXXX Employee Respon	SININA SERVICE
Amount         Amount         Covered         Remark         Copy         Deductible         Colneurance         Payment         You owe HealthEZ         You owe HealthEZ         You owe proving the provin	Type of service	Service Date(a)			-	5	BBC		Patrion.	Balance	Patient	Employer		
dicad Group         117563           dicad Group         117563         1500         6100         6100         1500           diversity         09728/1998         1350         2900         7500         1900         1900         1900           diversity         09728/1998         14,00         21 00         1900         1000         1000           sis         09728/1998         11 00         0.55         10,45         0.00         10,45         0.00           plobin         09728/1998         212.00         85,46         128,54         128,54         11,54         111,54         111,54         111,54	- I To 20 10 10 10 10 10 10 10 10 10 10 10 10 10	Service Deleta	AMOUN	Discount	Amount	Covered	Remark	Const	Deductible		Coloniano		Var. aure Une like Cry	,
life         09/28/1998         135 00         59.00         76.00         15.00         61.00         61.00         61.00         61.00         61.00         60.00           19 00         21 00         19 00         0.00         19 00         19 00         0.00           16ral         09/28/1998         12 00         15 5         10 45         0.00         10 45         0.00           Acbin         09/28/1998         11 00         0.55         10 45         0.00         10 45         0.00           Acbin         09/28/1998         212.00         85.48         128.54         128.54         13.60         111.54         111.54         111.54         15.00	ipen Medical Group	1117563											TOO OWE RESIDEA	TOU OW B PROVIDER
OSPZB/1998         40,00         21 00         19,00         0.00         19,00         15,00           Fierd         OSZB/1998         40,00         21 00         19,00         19,00         19,00         19,00         19,00         19,00         19,00         10,00	Preventive Visit	09/28/1998	135.00	50.05	00 87			8				;	,	
Variable         Upper columnes         40,00         21 00         19,00         19,00         19,00         19,00         19,00         19,00         0,00         19,00         10,00         0,00         10,64         0,00         10,65         0,00         10,64         0,00         10,64         0,00         10,64         0,00         10,64         0,00         10,64         10,65         0,00         10,64         10,65         0,00         10,64         10,65         0,00         10,00         10,00         10,00         10,00         10,00         10,00         10,00         10,00         10,00         10,00         10,00         10,00	בצט	900178000		0000	3			3		0.19	5	8.6	15.80	8
Red         092281998         14.00         3.36         10.64         0.00         10.64         0.00           sis         0.00         1.5         10.45         0.00         10.45         0.00           pobin         0.9728/1998         11.00         0.55         10.45         0.00         10.45         0.00           pobin         0.9728/1998         11.00         0.55         10.45         0.00         10.45         0.00           pobin         0.9728/1998         11.00         0.55         10.45         0.00         10.45         0.00           212.00         85.46         1.26.54         15.00         111.54         111.54         15.00		02/50/1330	00.04	2188	86			8		Q 61		19.00	8	8
318         09/28/1998         12.00         155         10.45         0.00         10.45         10.04         0.00           Pobin         09/28/1998         11.00         0.55         10.45         10.45         10.45         0.00           212.00         85.46         128.54         128.54         13.50         111.54         111.54         111.54         15.00	Cholestero	09/28/1998	14.00	336	10 64			8					86	3
Modern         09/28/1998         10.45         10.45         10.45         10.45         0.00           Modern         09/28/1998         11.00         0.55         10.45         10.45         10.45         10.45         0.00           212.00         85.46         128.54         13.50         111.54         111.54         111.54         111.54         15.00	Udnaheis	900978000						3		90	4	400	800	80
poon         09/26/1998         1100         0.55         10.45         0.00         10.45         10.45         0.00           212.00         85.46         128.54         15.00         111.54         111.54         111.54         15.00	200	000000	8.31	25.	10.45			8		10.4	•	10.45	86	50
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Amount Discount Amount Covered Remark Copay Deductible   Colinaurance Payment You owe HealthEZ You owe provided   17.11 44.89		Billed	HealthEZ	Allowed	Nox	See	Patient	Patient	Ratanca	Dattent	Employer		
15.00 17.11 44.89 15.00 29.89 15.00 28.88 15.00 17.11 44.89 15.00 15.00 28.88 15.00 17.11 14.89 15.00 17.00 17.11 14.89 15.00 17.00	:e Date(s)	Amount	Discount	13	Covered	Remerk	Comme	Deducable					,
62.00 17.11 44.89 15.00 29.89 29.89 15.00 82.00 17.11 44.89 15.00										Commence	Layment	TOU OWN DEBUNEA	Tou owe provider
44.89 15.00 29.89 29.89 44.00	9/29/1998	62.00	17.11	44.89			00.51		ģ	g	Ş	•	
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		00.20	11.71	44.89			5.8		28	66	29 89	941	200

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	Claim Number	Pellie	HealthEZ	Allowed	Not	See	Patient	Patlant	Salabota	200			
Type of service	Service Date(s)	Amount	T	Amount	Poseco	Demark		Pading I	Delence	Tatte III	Employer		
Metrocolles Dedetros	4443670		1		20102	MIDING	A CO	Decoculate		Commence	Layment	You own HealthEZ	You owe provider
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Preventive Visit	10/02/1998	49.00	A. A.	27 57			•		•				
- 140			3	?			3.0		28.70	_	28.70	5	8
nemodocun	10/02/1998	15.00	1 70	13.30			8		9			800	3.0
Total		00,10							2.5		13.30	800	80
		3.3	8.	87.00			500		55		43.00	94.84	
Remarks									44.0		45.00	3.0	800

## YTD Individual Update

Araz Plan individual	Actual YTD Individual	Araz Plan Individual	۲	YTD Individual	Γ
Preferred Describes	Draftered Brancher				
		Non-Preferred Provider		Non-Preferred Provider	
Out-of-Pocket Amount	Out-of-Pocket Amount	Out-of-Pocket Amount	_	Out-of-Pocket Amount	
JOHN 1500.	1500.00 JOHN	NHO! 00 001	OF COOS	NHC	63.00
					75.00
JANE 1500.	1500.00JJANE	250.00 JANE	5000 00 JANE		20 805
AUTOAM.					
	DO COLONIA PARILLA	175.23 MARTHA	8000	5000 00 MARTHA	17521
TOBBOA	son mileopees				
-	יאטפטעלי	83.65 ROBERI	888	5000,00 ROBERT	83.65
SUSAN	500 00 St. 12 AN	42 00 C1 CAN	00000		
		1 00 00 00 TO		ZYNO	200

Araz Plan		YTO Family	
Preferred Provider	3000 00	3000 00 Preferred Provider	660.88
Arez Plen		YTD Family	
Non-Preferred Provider	7500.00	7500 00 Non-Preferred Provider	800 76
Amount Paid by Employer YTD -	YTD-		
For Claims Incurred in 1998	92		
NHOr	655.68		
JANE	1303 84	Ť	Γ
MARTHA	700 92	`	. •
ROBERT	334 60	L	0
SUSAN	208 00	1	A T
Ferrity	2547 36		>

